

# NHS Fylde and Wyre CCG Influence Panel

## Projects progress report

### **28 July 2015 – Antibiotics awareness**

Presenter: Tracy Riddick (primary care liaison)

Campaign materials previously in use which followed the corporate CCG branding have been replaced with materials that follow the Think! Why A&E? campaign brand.

### **8 October 2015 – Falls pathway**

Presenter: Amanda Lomas (commissioning)

This service has now been up and running for eight months and has received 978 referrals.

875 patients have gone on to receive a face-to-face full holistic falls assessment where goals are formulated with each patient and a falls action plan designed around the patient's falls risk score of high, medium or low. The majority of patients are offered a follow-up visit or further interventions on a 1:1 basis if required.

Keeping patients active, fit and healthy is a key element of preventing patients falling again, therefore all patients are reviewed and considered for the Falls Management Programme (FMP).

The FMP is proving to be a great success among patients following both feedback and patient outcomes. Transport is also available for all patients to FMP where required.

### **22 October 2015 – Integrated neighbourhood teams**

Presenter: Mike Banks (commissioning)

Update from: Jonathan Bridge (Fylde Coast Vanguard)

Following feedback from the Influence Panel and others, the commonly referred name of the teams was changed to Neighbourhood Care Teams from the original Integrated Neighbourhood Teams. People told us that they did not recognise or understand the word 'integrated'.

The introduction of the teams began in late 2016 with two teams in place to cover the Fylde area (one covering Lytham and Kirkham/Wesham neighbourhoods). As of 28 February 2017 (latest available data) there have been 396 patients referred to the Fylde neighbourhood care teams. There are currently 196 patients on the team's caseload.

Recruitment is currently ongoing now to the remaining two teams which will cover the Wyre area (Fleetwood and WIN neighbourhoods).

## **19 November 2015 – Pharmacy minor ailments scheme**

Presenter: Sarah Squires (commissioning)

There are now 30 pharmacies accredited to provide the Pharmacy+ Service with 27 of them being operational; it is hoped that a further 2 pharmacies will be operational in the next week or two. Since the Service commenced a total of 1,859 patient consultations have taken place.

The Pharmacy+ Clinicscheme is currently being independently evaluated by Lancaster University, after which the CCG will make a decision on its future. Should the CCG decide to continue with the Scheme, it is proposed that it will be expanded to include an additional small number of prescribed medications for specific conditions.

See appendix 1 for further information on the CCG's response to suggestions made by the Influence Panel.

## **21 January 2016 – Fylde Coast Cancer Strategy**

Presenter: Katie Rimmer (commissioning)

The final version of the Strategy has now been signed off with all stakeholders, Fylde and Wyre CCG, Blackpool CCG and Blackpool Teaching Hospitals NHS Foundation Trust. In light of the feedback and recommendations from the People's Panel last year, a user-friendly version is currently being drafted and this will be shared and feedback sought from our Patient Cancer Care Improvement Group.

To support the Strategy, a detailed action plan has been drafted and is currently in the process of being signed off to support the recommendations in the Strategy. As the Strategy is a five-year document, this action plan will outline actions and timescales for completion across the whole period with support from other organisations such as Public Health, the voluntary sector, Macmillan and Cancer Research UK.

## **18 February 2016 – CCG website**

Presenter: Dan Clough (communications and engagement)

A number of revisions have been made to the CCG website on the back of suggestions and comments made by the Influence Panel, most visibly the addition of a 'home' button to help people navigate back to the homepage.

The website has a different appearance on smartphones and tablets which ensures it is easy to navigate for mobile users.

In addition, a number of outdated web pages have been brought up to date and this work is ongoing. The campaigns page is now reserved for only current campaigns.

Engagement events, such as listening cafes, are now better publicised via the events page.

**28 April 2016 – End of Life Strategy**

Presenter: Pete Smith (commissioning)

Report to be submitted in the near future.

**26 May 2016 – EDS grading validation**

Presenter: Catherine Bentley (Midlands and Lancashire CSU)

Report to be submitted in the near future.

**23 June 2016 – Unscheduled care promotion**

Presenter: Mark Britton (communications)

Update from: Dan Clough (communications)

Think! Why A&E? materials underwent a small redesign following feedback from the Panel. Some of the writing was made bigger and the document was sent to the Plain English Campaign to ensure it was fully understandable. It now features the Crystal Mark on the back.

**21 July 2016 – Antibiotics passports**

Presenter: Nick Medway (quality)

There has been no further progress made on this project following feedback from the Panel. Falling numbers of hospital and community acquired infections (HCAIs) in Fylde and Wyre mean this work is no longer being prioritised.

**15 September 2016 – CCG engagement**

Presenter: Amanda Bate (engagement)

Our Ipsos Mori public perceptions survey 2016 showed a 10 per cent increase in awareness of the CCG and its role in the NHS from 65 per cent to 75 per cent across a sample size of 1,000 residents. The panel suggested that this is important due to the level of funding the CCG receives in order to commission services.

It is acknowledged that the branding for the engagement activity 'In Fylde and Wyre' is not generally well known. We will look at increasing knowledge of the branding and will develop a campaign to do this.

The panel provided extremely helpful feedback and suggestions about the listening cafes. We are keen to continue to provide opportunities for patients to share their experiences on a 1:1 basis so that we can monitor themes and trends, but have looked to link into existing groups to ensure a better uptake.

Building on the panel's suggestion we have developed a schedule for 2017 which will enable us to have a theme each month linking where possible to national campaigns. This will enable us to make the best use of the feedback and link to any surveys being carried out by partners. We will also be able to invite feedback via our online facility and promote this via social media again linking in to national campaigns.

The panel also suggested linking into organisations and services which visit vulnerable people in their own homes, for example Care and Repair. We will start to look at ways in which our patient participation groups could assist with this, and any training we could provide to support this.

The panel helpfully provided a suggestion that the CCG could increase its engagement with carers. The CCG has met with leads in Fylde and Wyre to discuss this and will look to develop an engagement programme for carers soon.

The panel discussed the use of 'jargon'. We appreciate that this is an issue and we will endeavour to make all our communications clear and understandable. We regularly provide material to our Readers Panel.

## **20 October 2016 – Healthy New Town**

Presenter: Simon Bone (Whyndyke Garden Village project)

An update will be given verbally at the Influence Panel meeting on 16 March 2017.

## **17 November 2016 – Self Care Strategy**

Jonathan Bridge (Fylde Coast Vanguard)

In addition to speaking with the Influence Panel members we also launched an online survey, attended local primary care centres to carry out face-to-face surveys with patients and held a small number of focus groups specific patients, for example, patients who are already engaged in self-care activities such as pulmonary rehabilitation classes and walking groups.

A total of 449 people were engaged with between November 2016 and February 2017. Of these, 188 were as a result of face-to-face methods.

All of the feedback gathered from the conversations with local people has now been collated into a report and was considered by the Self-Care Strategy Steering Group in February. A final draft of the strategy is now being written with consideration to all of the feedback gained. When available this final draft will then undergo a 90 day period of consultation for people to comment upon before a final strategy is adopted and published. We will bring a further update to the Influence panel and invite comments once this consultation period begins.

## 19 January 2016 – Extended access

Presenter: Sarah Squires (commissioning)

The Service has now completed its initial testing with four GP practices and is currently being rolled out to all practices in Kirkham and Wesham; Lytham, St Annes, Ansdell and Freckleton and Wyre Integrated Neighbourhoods by the end of March. The initial feedback from practices and patients has been very positive. Nine practices' patients now have access to the service and the roll-out is continuing at a rate of two practices per fortnight to allow for any teething issues to be overcome with the practices.

Since the Service commenced a total of 641 patients have been seen by the Service, for various appointments which include routine GP appointments, Nurse Minor Illness, bloods, wound dressings, health checks, ear syringing, cervical smears and contraception pill checks.

The Service has now extended and is providing appointments at Freckleton Health Centre on Monday and Tuesday evenings from 6.30-9.30pm and on Saturdays and Sundays from 8am-2pm. This provides 36 hours per week of appointments against a national target of 65 hours per week, based on our population size. The Service is to shortly further expand to provide appointments at the Health and Well Being Centre in Fleetwood on Wednesday and Thursday evenings, from April, and Friday evenings, from May 2017. The Service as a whole will then provide a 7 day/week provision and will be much closer to meeting the target of 65 hours per week.

The Service is being monitored closely as to how patients are booking into and using the appointments – the data shows that currently on average 64% of appointments are booked, 30% of appointments were not being utilised and for 5% of appointments the patient 'does not attend' (DNA). There are variances in these figures depending upon the appointment type, with appointments with GPs, blood clinics and ear syringing being the most popular. It is anticipated that the utilisation of appointments will increase as more practices gain access to the Service and the Service is changing the ratio of appointment types to increase utilisation. The Service leaflet has also been updated and provides greater clarification on how to cancel appointments which should help to improve the DNA rate.

A patient questionnaire has also been developed to monitor the perception of the Service by patients and also to gather information about how and why they have accessed the Service – this information will help us to ensure the Service reflects the needs of the patient.

The Service will continue to be closely monitored to ensure the quality of the service, that it reflects the needs of the population and that it is well used by patients.

See appendix 2 for further information on the CCG's response to suggestions made by the Influence Panel.

## Appendix 1

Panel Feedback	Comments
<p>1. What should the service be called?</p> <ul style="list-style-type: none"> <li>The Panel thought an appropriate name could be Pharmacy First as this is what the current scheme across the country is called. The Fylde &amp; Wyre scheme however offers a higher level of service.</li> <li>The Panel then agreed that a good suggestion would be Pharm-Assist – we are here to help you!</li> </ul>	<p>Although we really liked the Pharm-Assist name when discussing it with Pharmacy colleagues it was felt that it was too close to Pharmacist when spoken, and would cause confusion.</p> <p>The project Group settled on Pharmacy+ Clinic.</p>
<p>2. How can the CCG best advertise and promote this service to the public?</p> <ul style="list-style-type: none"> <li>The Panel were concerned that there were too many new initiatives encouraging people to attend various locations depending on need.</li> <li>Needs to be promoted as part of an integrated initiative and develop the characters around this campaign also.</li> <li>Can this be practice led – eg receptionist suggests the scheme where appropriate but this will mean additional training for practice staff</li> <li>Need to remind the public the service is available as it is not widely known.</li> <li>Include the information on the TV screens in surgeries</li> <li>Send information about the scheme home with school pupils</li> <li>Promote that the pharmacy staff know you – local, friendly etc</li> </ul>	<p>We used the panel’s feedback to help shape our communications strategy and have advertised the service through practice and pharmacy led advertisement and signposting into service.</p> <p>Advertisement through Dental Practice, Opticians, Children’s Centres, School, Nurseries, Health Centres, Sheltered Accommodation and Blackpool Teaching Hospitals including Community Providers.</p> <p>In addition we have heavily promoted the service on social media, undertaken press releases and have developed a website which provides more information about the Scheme. So far we have received 8,165 page views on Pharmacy+ Website. Made 176 posts on social media which have potentially been seen 450,000 times and 6 Social media adverts which have potentially</p>

<ul style="list-style-type: none"> <li>• Promote in pharmacies themselves</li> <li>• Have a launch event with all pharmacies included in the scheme taking part.</li> </ul>	<p>been seen 60,000 times</p> <p>We have held 2 events with our pharmacies; one to launch the scheme and one to share its success so far and provide training.</p>
<p>3. Is there anything you can think of that may put people of wanting to visit their pharmacy about a minor ailment, which we need to consider for the service?</p> <ul style="list-style-type: none"> <li>• Concern that the pharmacies may be overloaded so what infrastructure is there in place for them.</li> <li>• Are the rooms secure, soundproof, not used for storage of stock.</li> </ul>	<p>The requirement for Pharmacists to have functional confidential areas has been included in the contract.</p> <p>We have provided Pharmacies with a small start-up payment to help fund any adaptations they may have had to make to meet the requirements of the specification – this could have funded the cleaning-up of a room.</p>
<p>4. How do you feel about pharmacies having access to patient electronic records?</p> <ul style="list-style-type: none"> <li>• GP’s need to know your conditions so they can prescribe so why would this be different from a pharmacist – would indicate if any possible contra-indications.</li> <li>• Could GP’s be linked to specific pharmacy so that there could be arrangements for access to records?</li> <li>• Integrated services are likely to be better options.</li> <li>• It was felt that this was almost a necessity to ensure good care.</li> <li>• If you give consent does this give consent to all pharmacies or just the one that you have dealt with?</li> </ul>	<p>The trial of Community Pharmacies using medical records maybe included in the service in the future.</p>

## Appendix 2

Panel Feedback	Comments
<p>Question 1: What would be your preferred opening times and days for the extended access service?</p> <ul style="list-style-type: none"> <li>•150 people (on the online survey) is not a lot of people to base a decision on.</li> <li>•Some people would like appointments earlier in the morning, between 7am and 8am, rather than in the evening.</li> </ul>	<p>The online survey is continuing to be monitored and will be re-run once the service is more developed, to see whether patient’s opinions have changed.</p> <p>The feasibility of weekday early morning appointments was discussed with the service provider however they advised that they would not be able to secure clinical staff to work just for one hour. Should the service model change this will be further considered.</p>
<p>Question 2: What primary care services and clinics do you think would be the best to provide?</p> <ul style="list-style-type: none"> <li>• The facility to book appointments online directly with the extended access service</li> </ul> <p>O There was a further discussion that this could in fact lead to people making appointments with the extended access service that do not require them at these times.</p> <ul style="list-style-type: none"> <li>• During the evaluation of the pilot ask people how they found the service and what else they would like to see included in it.</li> <li>• More information on this will become apparent as the service develops and you see what people’s needs are.</li> </ul>	<p>Unfortunately the current service computer systems does not link in with the on-line patient booking system.</p> <p>The patient questionnaire will gather information as to why the patient booked an appointment with the service.</p> <p>These questions have been included in the questionnaire.</p>
<p>Questions 3: How can the service best be advertised?</p>	<p>Service advertisement is being carried out only at a practice level at the</p>



<ul style="list-style-type: none"> <li>• It should be advertised on a practice by practice basis</li> <li>• Need to be careful when advertising to make sure the service is not inundated with too many patients.</li> </ul>	<p>moment.</p> <p>Further wider advertisement will be undertaken once all practices have access to the service.</p>
<p>Other points raised:</p> <ul style="list-style-type: none"> <li>• You have to be careful about what you take from a trial as the results of the pilot project may not be fully representative of how it will work once fully rolled out.</li> <li>• The service in Fleetwood should be available to people outside of the town.</li> <li>• Access needs to be considered as some people do not have cars and some will not want to travel all the way to Freckleton.</li> </ul>	<p>We will continually monitor the service, patients and GPs views of the service and we will adapt it to patient need.</p> <p>The Fleetwood service and interim service will both form part of the new Primary Urgent Care service and we would expect there to be no restrictions in accessing the services.</p> <p>Currently there are two sites proposed Freckleton and Fleetwood, however the service will look to expand the number of sites where possible.</p>